



First Minister's National Advisory Council on Women and Girls

Website Summary

Nov 2020-Jan 2021 Spotlight: Mental Health

**NOW IS THE TIME
TO CHANGE FOR
GOOD**

**#GENERATION
EQUAL**



YOU SAID – WE LISTENED

Between November 2020 and January 2021, we invited public feedback on the Spotlight topic of mental health. We'd like to give a huge thank you to everyone who shared their experiences and ideas.

A full report has been given to the NACWG and a summary version is shared below.

Please note: these reports summarise the responses received to this open call for submissions. They do not represent the views of the National Advisory Council on Women and Girls (we are seeking feedback to gain more insight) nor do they represent a majority view or the view of the Scottish population. They represent the views of those organisations or individuals who have chosen, proactively, to respond.

Who did we hear from?

We heard from a range of individuals and groups who held 'Wee Circle' discussions. The Spotlight also prompted discussion on social media. The diversity questions we ask are optional but show that responses were shared by people of a range of different lived experiences.

WE ASKED THREE QUESTIONS:

- Q.1. IN SCOTLAND, WHAT ARE THE BIGGEST EQUALITY ISSUES FOR WOMEN AND GIRLS IN RELATION TO MENTAL HEALTH?**
- Q.2. IN SCOTLAND, WHAT NEEDS TO CHANGE TO SUPPORT MENTAL HEALTH AND IMPROVE GENDER EQUALITY FOR WOMEN AND GIRLS?**
- Q.3. WHAT ACTIONS SHOULD THE NACWG RECOMMEND TO IMPROVE GENDER EQUALITY FOR WOMEN AND GIRLS IN RELATION TO MENTAL HEALTH?**



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WHAT DID WE LEARN?

The responses covered a wide range of themes and suggestions, including many topics the NACWG has highlighted in previous Spotlight topics, such as employment, physical health, body image, the role of women in society and age-related issues.

For this Spotlight topic we grouped the feedback into the following areas:

1. Influences and causes of poor mental health
2. Barriers to seeking or accessing support
3. Support and services: experiences and outcomes



MAIN ISSUES



1.

INFLUENCES AND CAUSES OF POOR MENTAL HEALTH

Respondents highlighted the need to focus on the prevention and root causes of mental health problems before they begin.

Responses highlighted the link between poor physical health experiences and poor mental health. This included issues around pregnancy and birth, and ways these have been exacerbated by the pandemic. Feedback highlighted how experiences around menstruation, contraception and menopause can be dismissed, with repercussions on mental health. Neurodiversity was referenced by respondents as not receiving sufficient attention especially at a younger age, in terms of diagnosis and support, which could lead to mental health issues later in life.

Feedback suggested caring responsibilities and the associated sociocultural expectations of women and girls can impact on mental health and have been exacerbated during the Covid crisis. Other causes of poor mental health identified in the feedback were: women and girls having to deal with the 'fallout' men's mental health problems; and the impact of adverse childhood experiences.

Feedback suggested that mental health of women and girls in Scotland could be affected by poverty, wealth inequality, and 'austerity' policies. Linked to this were employment issues, such as precarious contracts, low-paid work and a lack of legal support.

Feedback highlighted online harms such as social media 'body shaming', grooming and pornography as having negative effects on mental health. Feedback also highlighted how women's mental health was linked to feelings about safety and fears of being victim of violence or abuse.

Suggested actions from respondents focused on placing greater emphasis on early prevention of mental health problems before they begin. Respondents suggested that this can be achieved by supporting positive wellbeing from a young age and addressing underlying causes of mental ill-health.



2.

BARRIERS TO SEEKING OR ACCESSING SUPPORT

Responses highlighted a lack of gender-sensitive support services, from within education to easily accessible mental health support in the NHS. Feedback highlighted insufficient progress around trauma-informed approaches to dealing with women's mental health.

Several responses referenced long waiting times to access support services. Feedback also included examples of stereotypes and stigma around women that overlap and create major barriers to women and girls accessing mental health support services.

Respondents' suggested actions to address these issues began with more, better-funded, gender-sensitive support services – from within the NHS, to non-profits and within the education system and workplaces. Feedback also highlighted that support services must improve at recognising a broader range of issues and life experiences, including eating disorders, menstruation and menopause. Suggested actions also included calls to remove restrictions on the support offered to women during pregnancy, labour and birth – and extend the maternity support that is currently offered.



3.

SUPPORT AND SERVICES: EXPERIENCES AND OUTCOMES

Feedback suggested that sometimes a 'medical response' is too readily applied to women and girls' mental health problems, which does not address the root cause. Respondents shared experience of concerns being dismissed or downplayed when asking for support, particularly in relation to gynaecological issues and endometriosis.

Some respondents felt that mental health support services are not adequately staffed with sufficiently qualified or experienced healthcare professionals, with a lack of specific training around issues affecting women and girls.

To improve experiences and outcomes around mental health support services, respondents suggested improving mental health training among healthcare professionals and moving from a 'medical model' to one which also seeks to address the underlying causes of mental ill-health. Feedback also suggested women and girls should be more involved in shaping mental health support services.



OVER-ARCHING POINTS

Feedback suggested that more attention be given to mental health as a result of gender in/equality. Respondents suggested greater policy coherence will be required to improve mental health support at a national level for women and girls, calling for a more holistic approach that takes greater account of the factors contributing to women and girls' mental health.

The Coronavirus mental health transition and recovery plan was identified as an opportunity to better address the specific mental health requirements of women and girls.

Feedback also highlighted the importance of gender-sensitive health policies and adopting a human rights-based approach to women's mental health, e.g. greater use of international conventions such as the United Nations Convention on the Rights of Disabled People and United Nations Conventions on the Rights of the Child to help people understand their rights in relation to mental health.



THANK YOU

This is a summary of the responses and can't highlight every individual point raised. However full feedback has been shared with the NACWG.

Thank you to everyone who took the time to share their feedback – it is valuable.